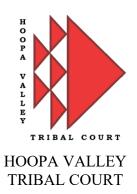


## ADULT WELLNESS COURT Referral Form

Please fill this form out with as much information as you can. Contact AWC staff (information below) if you do not receive email confirmation of this referral within two business days.

Date:	Submitted By: _		
Email to: wellnessco	ourtcoordinator@gmail	.com	
Contact: Hazel Ferris	, AWC Court Coordinate	or, (530) 625-4305 ext. 303	
Participant Information		Case Details	
Participant's Name	:	Case(s) #:	
DOB:			
Address:		Next Court Date:	
Phone:			
Email:		Status of Case:	
Hoopa Tribal Member of a federall Yes No Trib	er:   Yes   No y recognized Tribe:	_	





Case Description						
Prior Charges?: □ Yes □ No		Explain:				
Prior Referral to AWC?: □ Yes □ No		Explain:				
Other Related Cases:						
Contacts	Name		Phone	Email		
Contacts  Defense Attorney	Name		Phone	Email		
	Name		Phone	Email		
Defense Attorney	Name		Phone	Email		
Defense Attorney	Name		Phone	Email		

Additional Applicable Information: